REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 5-17-05 2 Serial/Patent # 10-5/8, 332			
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing		12/15/04	\$ 100
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition	·		\$
Issue			\$
Cert of Correction/Terminal Disc.	* *		\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT S/00		
	8 TO BE REFUNDED BY:		
10 REASON:	Treasury Check		
Overpayment	Credit Deposit A/C #:		
Duplicate Payment	9	191	0/3
No Fee Due (Explanation):			
TYPED/PRINTED NAME: A JOHNSON TITLE: Paralegal			
De Color			
SIGNATURE: PHONE: 308 4 104			
OFFICE: ////////////////////////////////////			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED:	DATE: _		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B